

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-046816**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6422

<b>FILED JAN 7 1963</b>		<b>62-046816</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</b> e. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>5 yrs. 4 mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1320 Forest</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Floyd</u> Middle <u>Cato</u> Last <u>Cato</u>		<b>4. DATE OF DEATH</b> Month <u>December</u> Day <u>16</u> Year <u>1962</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12-15-1908</u>
<b>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <u>Truck Driver</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Construction</u>	
<b>11. BIRTHPLACE (City and state or country)</b> <u>McAllister Okla.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Harrison Cato</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Luella Mims</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Cato</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <u>[REDACTED]</u>		<b>17. INFORMANT</b> Address <u>Audrey Hayes 1311 W 5th Lawrence Ks</u>	
<b>18. CAUSE OF DEATH (Enter only one cause per line)</b> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute lobar pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	
<b>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</b> _____			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</b> _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>12-16-62</u> <b>to</b> <u>12-16-62</u> <b>and last saw her/him alive on</b> <u>12-16-62</u> Death occurred <u>4:07 P</u> <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> <u>[Signature]</u> (Degree or title)		<b>22b. ADDRESS</b> <u>2400 Cherry</u>	
<b>22c. DATE SIGNED</b> <u>12-17-62</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	
<b>23b. DATE</b> <u>12-20-62</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Westlawn Cemetery</u>	
<b>23d. LOCATION (City, town, or county)</b> <u>Kansas City Kansas</u>		<b>23e. (State)</b> <u>Ks</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Nathan W. Thatcher</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-18-62</u>	
<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>27. (State)</b> <u>Ks</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clifford L. Woods*

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.